

# Instructions to Medicare+Choice Organizations for the BIPA<sup>1</sup> 2001 ACRP Season

January 2001

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<sup>1</sup> The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000

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# Instructions to Medicare+Choice Organizations for the BIPA 2001 ACRP Season

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## BACKGROUND AND SCHEDULE

The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (the Act) changed Part C of Medicare—the Medicare+Choice (M+C) program. The Act requires the Health Care Financing Administration (HCFA) to revise M+C payment rates for contract year (CY) 2001. The new payment rates will be effective on March 1, 2001.

In order to ensure that M+C organizations use the additional funds provided under the Act for the benefit of Medicare beneficiaries, the Act establishes a time period in 2001 during which M+C organizations (M+COs) must submit to HCFA new Adjusted Community Rate Proposals (ACRPs) for CY 2001. Under the Act, ACRP re-submissions are required from all M+C organizations with HCFA-approved M+C plans for CY 2001.

## Components of an ACRP

The term ACRP denotes two separate items that M+C organizations must prepare and submit to HCFA, the Adjusted Community Rate (ACR) and the Plan Benefit Package (PBP). The ACR is a pricing document whereas the PBP is a description of a plan's benefits and service area. The detailed requirements for transmitting and supporting an ACRP are outlined below.

## The BIPA 2001 Process for CY 2001 ACRPs

The process for CY 2001 ACRPs beginning in January 2001 will be similar to the process for CY 2001 that began in July 2000. This document covers the new features affecting ACRPs. M+C organizations will have less time to prepare ACRPs and HCFA will have less time to review them than in 2000. Note that ACRPs submitted under the Act are due on January 18, 2001.

Key dates related to the BIPA 2001 ACRP season are shown below:

The President signs the Act	December 21, 2000
HCFA releases new payment rates	January 4, 2001
HCFA releases instructions and Q&As	January 4, 2001

HCFA makes HPMS available for upload of ACRPs	January 5, 2001
Date by which M+C organizations are strongly encouraged to notify HCFA of intent to reenter M+C program or to reenter CY 2000 service area	January 10, 2001
Deadline for M+C organizations to submit ACRPs to HCFA	January 18, 2001
Deadline for M+C organizations to submit marketing materials to HCFA's regional offices (ROs)	January 18, 2001
HCFA central and regional offices complete review & approval of ACRPs & marketing materials	February 1, 2001

The Act defines three situations under which M+C organizations will participate in the BIPA 2001 ACRP process. Those situations are discussed in Sections 1, 2, and 3 below.

## General Guidance for Submitting ACRPs

The detailed instructions for completing an ACR are available on the Internet at HCFA's web site at [www.hcfa.gov/medicare/cy2001.htm](http://www.hcfa.gov/medicare/cy2001.htm). Those instructions, however, have not been fully updated for the BIPA 2001 ACRP season. Refer to this document (and supplementary questions and answers on HCFA's Internet web site) for the most recent information (e.g., deadlines, suspension of limits on stabilization fund contributions) on the BIPA 2001 ACRP season. More detailed information on the PBP can be found at the Health Plan Management System (HPMS) web site.

M+C organizations must submit both paper and electronic documents to fulfil the requirements of the CY 2001 ACRP process. Electronic and paper copies of the ACR are required. Only electronic copies of the PBP are required

Paper copies of ACRs must be post marked by January 18. The electronic version of ACRs and PBPs must be uploaded to HCFA's HPMS by midnight, January 18.

Organizations returning to the M+C program need to obtain a copy of the ACR and PBP software necessary to submit your ACRP. Those software tools can be obtained from the HPMS web site. Instructions on how to download and install the ACR and PBP software for CY 2001 are available at HCFA's Internet web site and HPMS. Organizations that currently have a 2001 M+C contract will use

the ACR(s) and PBP(s) currently residing on their computer desktops. HPMS will be available for uploads of all ACRPs submitted under the Act beginning on January 5, 2001.

The remainder of this section discusses selected matters relating to all ACRPs for the BIPA 2001 season.

#### USE EXISTING VERSIONS OF THE ACR AND PBP

The electronic versions of the ACR and the PBP for the BIPA 2001 season are unchanged from the previous versions.

To accommodate health care industry representatives' concerns about the compressed time schedule for the BIPA 2001 ACRP season, HCFA has not updated the electronic ACR spreadsheets to take into account the changes that the Act has made to the M+C program rules. If an M+CO has problems completing an ACR electronic worksheet due to the quality controls built into it, contact LMI at 703-917-7236 for help.

#### USE NEW VERSION OF ACRP VALIDATION TOOL

HCFA provides a computerized tool (APV Tool) that M+COs must use to validate their ACRPs. The purpose of the validation process is to catch errors in the electronic versions of ACRs and PBPs before those files are uploaded to HPMS. Eliminating errors both prevents upload problems and speeds HCFA's ACRP review process. Please download the latest version of the APV tool (V1\_51) from HPMS.

#### STABILIZATION FUND LIMITATIONS

The Act has temporarily suspended some previously existing limitations on contributions to stabilization funds. The current version of the ACR (V2001.6) does not limit contributions to the benefit stabilization fund, therefore no changes to the ACR software are necessary. Refer to HCFA's web site at [www.hcfa.gov/medicare/cy2001.htm](http://www.hcfa.gov/medicare/cy2001.htm) for a series of questions and answers about the use of a stabilization fund.

#### NEW PAYMENT RATES NOT INCLUDED IN ACR WORKSHEET A1

Worksheet A1 (Service Area and Estimate of Annual Payment Rate) of the **ACR spreadsheets will not be pre-populated with the new, higher payment rates HCFA has calculated under the Act.** The effect of the new payment rates must be included as an adjustment on Worksheet A1.

#### ENSURE THAT ACR DOES NOT EXCEED APR ON WORKSHEET E PART I

If your HCFA-approved ACRP has the following characteristic:

with respect to column a of Worksheet E (Part I), *the “Adjusted ACR”(line 8) is greater than the “Average Payment Rate” (line 1),*

you must make the two values equal before completing the rest of the ACR you plan to resubmit in January pursuant to BIPA requirements. Do that *only* by making a negative adjustment on ACR Worksheet D in the expected variation cell, line 24ev under column b (“Adjusted Value Medicare-Covered Benefits”). For example, if line 8 on Worksheet E Part I is \$500 and line 1 above it is \$490, enter an expected variation of negative \$10 in column b, line 24ev of Worksheet D.

## HCFA SUSPENDS REVIEW OF OUTSTANDING ACRPs

Certain M+COs have outstanding

- ◆ M+C applications,
- ◆ applications to expand their service area,
- ◆ mid-year benefit enhancement applications, and
- ◆ other proposed corrections to existing M+C plans.

While HCFA will continue to review those outstanding matters during the BIPA CY 2001 ACRP season, it cannot maintain, in HPMS, the ACRPs that accompany those matters. Therefore, HCFA will not review any unapproved ACRPs outstanding before January 5, 2001. If an M+CO has an unapproved ACRP on January 4, the changes can be incorporated therein to any corresponding ACRP you submit between January 5 and January 18. If an M+CO has an unapproved ACRP on January 4, they must contact Theresa Conrad at 410-786-7635 to proceed with the ACRP submission required under the Act.

## IMPORTANT HPMS INFORMATION

HCFA requires that M+COs use a HCFA Identification Tracking System (HITS) user ID and password to access the HPMS. Please contact Don Freeburger at either 410-786-4586 or [DFreeburger@hcfa.gov](mailto:DFreeburger@hcfa.gov) with questions on HITS user IDs and passwords.

M+COs that choose to return to the Medicare+Choice program are strongly encouraged to contact Don Freeburger as quickly as possible to determine whether their organization has maintained connectivity to the HPMS.

## LOCATION OF ALL IMPORTANT ACR, PBP, AND MARKETING MATERIALS

Detailed instructions on the ACR, PBP, and marketing materials are available on HCFA’s web site at [www.hcfa.gov/medicare/cy2001.htm](http://www.hcfa.gov/medicare/cy2001.htm). Questions and Answers on

the BIPA 2001 season are also available here. The HPMS can be accessed on the Medicare Data Communications Network (MDCN) at <http://32.82.208.82>.

## Medicare Compare Updates

Medicare Compare will continue to be updated on a monthly basis. The next updates are scheduled for January 7, February 9, and March 7. M+COs will be able to preview their data on January 2-3, January 31-February 1, and March 1-2, respectively. Changes made to the PBP during the BIPA 2001 season will be updated in Medicare Compare on March 7.

## SECTION 1–M+C ORGANIZATIONS WITH APPROVED CY 2001 M+C PLANS

Under the Act, M+C organizations with any HCFA-approved CY 2001 M+C plans *must* resubmit, in January 2001, the ACRP for any one of those plans for which the payment rates for the service area of the plan are higher under the Act than the previous rates.

In such resubmissions M+C organizations can:

- ◆ Reduce beneficiary premiums,
- ◆ Reduce beneficiary cost sharing,
- ◆ Enhance benefits,
- ◆ Contribute to a benefit stabilization fund, or
- ◆ Stabilize or enhance beneficiary access to providers.

On the other hand, in such mandatory resubmissions M+C organizations cannot:

- ◆ Increase beneficiary premiums,
- ◆ Increase beneficiary cost sharing (except as part of a benefit enhancement where the value of increased cost sharing does not exceed the value of the increase to the benefit),
- ◆ Reduce benefits,
- ◆ Make any changes to the values in the approved ACR Worksheet B (Base Period Costs) or Worksheet B-1 (Financial Data) or to the non-Medicare base period costs on Worksheet A, lines 1-4, column a, Part IB. However, Worksheet D (Expected Cost and Variation) may be updated to reflect effects from matters such as “run-out” of base period costs,

- ◆ Increase administrative costs unless the increase has a significant direct relationship to stabilizing or enhancing beneficiary access to providers or is directly related to enhanced benefits, or
- ◆ Increase additional revenue unless the increase is directly related to enhanced benefits.

Please observe the following for ACRPs submitted under this section.

1. If you are submitting an ACRP under this section, you need to substantiate *only certain changes* from the most recent HCFA-approved CY 2001 ACR for the plan. The changes you must substantiate are those that affect the list of items for different ACR worksheets as discussed in Section 4 below. For example, assume that the approved ACR for your plan had two co-pays. Previous instructions (and this instruction) require you to document ACR values for co-pays. You are reducing one co-pay in January 2001, but the other will not change. Therefore, you should document the *change* to the ACR value of the reduced co-pay. In contrast, you don't have to provide any justification for the ACR value of the unchanged co-pay beyond what you submitted for your previously approved CY 2001 ACR.
2. ACRPs submitted under Section 1 should assume BIPA rates and benefits as if effective for all 12 months of 2001. However, the amounts entered will only be used for March 1, 2001 to December 31, 2001. Therefore, please ensure that your ACRP does not include data on premiums, cost sharing, and other matters related to January and February 2001. For example, the premium on Worksheet C of the ACR and the premium reported in the corresponding PBP should be identical. The Average Payment Rate (APR) reported on Worksheet A1 should be calculated using only the new, higher rates provided for under BIPA. The information that currently resides on Worksheet A1 would remain and adjustments must be made to produce the APR at BIPA rates. This can be done in one of two ways. An adjustment can be made to the "plan-level adjustment" column (column j) or an unassigned county (code 99999) may be added. To add an unassigned county, enter 99999 into column a, then enter a payment value in column c and a membership value in column l that would result in an APR at the new, higher BIPA rates. Changes to demographic and enrollment projections in the APR calculation are permitted. Additional changes should be made to Worksheets A, C, and D pursuant to BIPA (e.g., reducing premiums or cost sharing, placing money in the stabilization fund.). Please submit documentation showing the calculation of the APR using the new payment rates provided under BIPA.
3. When submitting an ACR under Section 1, M+C organizations have the option to update direct medical cost assumptions and projections previously reported in HCFA-approved ACRs for CY 2001 to the extent these additional costs will help stabilize or enhance the M+CO's provider network. This update to direct medical costs could include revised utilization, unit cost, demo-



graphic, enrollment, and trend assumptions. (Trend assumptions could be changed by adjusting the initial rate in Worksheet A (i.e., the contract period data in Part IB, column b, lines 1-3). Note that additional revenues cannot be greater than the corresponding amounts in your previous, HCFA-approved ACR unless the increase is directly related to enhanced benefits in the revised PBP. In addition, administration for a revised ACR cannot be greater than the corresponding amounts in your previous, HCFA-approved ACR unless the increase has a significant direct relationship to stabilizing or enhancing beneficiary access to providers or enhanced benefits in the revised PBP.

4. To expedite the review of revised ACRPs, a cover letter should accompany the hard copy submission of the ACR. M+COs must include the previously approved Average Payment Rate (APR), the new APR (using the higher rates calculated under BIPA only), and a summary list detailing how the increased payment will be used. If you are using your increased payment to stabilize or enhance enrollees' access to providers, including costs associated with higher unit costs and utilization, explain how each change stabilizes and/or enhances access to providers. In addition, if there are any plan corrections that need to be made and your M+CO has been granted approval to make such corrections, note these items in the cover letter. Resolutions of issues during the prior desk review process and any other information the M+CO wishes to make HCFA aware of concerning the resubmission of the ACR under BIPA should also be included.
5. M+C organizations should revise their PBPs at the local level using the PBP 2001 software.
6. M+COs should update their most recent HCFA-approved ACR for upload to HPMS in January 2001. Perform the update locally. The correct version of the ACR is V2001.6

If you prefer to start with a clean ACR worksheet, you may download one from HPMS.

7. M+C organizations must upload their revised ACRs and PBPs to the HPMS using the mid-year benefit enhancement transaction type. Please refer to the [ACR/PBP 2001 Upload Instructions](http://www.hcfa.gov/medicare/cy2001.htm) available on [www.hcfa.gov/medicare/cy2001.htm](http://www.hcfa.gov/medicare/cy2001.htm) and the HPMS for the complete set of pre-upload requirements and upload instructions.
8. M+C organizations must mail the required reduced paper substantiation (i.e., hardcopy of the ACR with certified signatures and supporting documentation referencing only the changes) to LMI. Also, please refer to Section 5 for details on assembling and packaging your paper material for shipment to LMI.

## SECTION 2—M+C ORGANIZATIONS WITH APPROVED CY 2001 M+C PLANS RE-ENTERING A PREVIOUSLY REDUCED SERVICE AREA

M+C organizations with approved CY 2001 M+C plans that are re-entering a previously reduced service area can restore all or part of their previous service area during the BIPA 2001 ACRP season.

One of the requirements to restore your CY 2000 service area is to submit an ACRP to HCFA by January 18, 2001. Another is to provide HCFA with separate, written notification of your intent to restore all or part of your CY 2000 service area. The following procedures relate to such ACRPs and notices.

1. M+C organizations must send HCFA written notification of intent to re-enter all or part of their CY 2000 service area, non-renewed in July 2000, using a model letter. It is strongly encouraged that M+C organizations submit this letter by January 10, 2001. The model letter is in Attachment 2.
2. Upon receipt of your notice of intent to re-enter all or part of the previously non-renewed CY 2000 service area, HCFA will make the appropriate actions in the HPMS non-renewal/service area reduction module.
3. M+C organizations must create one or more new plans to cover the newly available county or set of counties and download the new ACR(s) and PBP(s) via the HPMS. *If the written notification identified in #1 is not received in a timely manner, the process of creating plans and downloading the ACR(s) and PBP(s) will be prohibited until HCFA receives such notice, which may reduce the time that the M+CO has to complete its ACR(s) and PBP(s).*
4. Organizations must complete an ACR and a PBP for each new plan. You can copy benefit packages between plans within the PBP 2001 software using the "Copy Plan" function on the PBP Management Screen. You can also make a copy of an ACR spreadsheet and make the necessary adjustments for use with another plan.
5. M+C organizations must upload their ACRs and PBPs to the HPMS using the service area expansion transaction type. Please refer to the [ACR/PBP 2001 Upload Instructions](#) available on [www.hcfa.gov/medicare/cy2001.htm](http://www.hcfa.gov/medicare/cy2001.htm) and the HPMS for the complete set of pre-upload requirements and upload instructions.
6. M+C organizations must mail the required full set of paper substantiation (i.e., hardcopy of the ACR with certified signatures and complete set of supporting documentation) to LMI. See Section 4 below for a list of the ACR items needing substantiation. Also, please refer to Section 5 for details on assembling and packaging your paper material for shipment to LMI.

7. M+C organizations submitting ACRPs under Section 2 will be required to agree to amend their contracts at Attachment D to include the new counties. HCFA will send each M+CO re-entering a previously reduced service area a contract modification agreement. It must be signed and returned to HCFA prior to the effective date.
8. ACRPs submitted under Section 2 must cover the specific period of performance in the related M+C contract.

## SECTION 3—M+C ORGANIZATIONS THAT ARE RETURNING TO THE M+C PROGRAM FOR CY 2001

M+C Organizations that withdrew from the M+C program for CY 2001 can re-enter the M+C program during the BIPA 2001 ACRP season. One of the requirements to do so is to submit an ACRP to HCFA in January 2001. Another is to notify HCFA separately, in writing, of your intent to do so. The following procedures relate to such ACRPs and notices.

1. M+C organizations must submit to HCFA written notification of intent to return to the M+C program for CY 2001 using a model letter. It is strongly encouraged that M+C organizations submit this letter by January 10, 2001. The model letter is in Attachment 2.
2. Upon receipt of your notice of intent to return to the M+C program for CY 2001, HCFA will make the appropriate actions in the HPMS non-renewal/service area reduction module.
3. M+C organizations must create one or more new plans and download the new ACR(s) and PBP(s) via the HPMS. *If the written notification identified in #1 is not received in a timely manner, the process of creating plans and downloading the ACR(s) and PBP(s) will be prohibited until HCFA receives such notice, which may reduce the time the M+CO has to complete its ACR(s) and PBP(s).*
4. M+C organizations must complete an ACR and a PBP for each new plan. You can copy benefit packages between plans within the PBP 2001 software using the "Copy Plan" function on the PBP Management Screen. Also, you can make a copy of an ACR spreadsheet and make the necessary adjustments to use it with another plan.
5. M+C organizations must upload their ACRs and PBPs to the HPMS using the renewal transaction type. Please refer to the [ACR/PBP 2001 Upload Instructions](#) available on [www.hcfa.gov/medicare/cy2001.htm](http://www.hcfa.gov/medicare/cy2001.htm) and the HPMS for the complete set of pre-upload requirements and upload instructions.

6. M+C organizations must mail the required full set of paper substantiation (i.e., hardcopy of the ACR with certified signatures and complete set of supporting documentation) to LMI. See Section 4 below for a list of the ACR items needing substantiation. Also, please refer to Section 5 for details on assembling and packaging your paper material for shipment to LMI.
7. M+C organizations submitting ACRPs under Section 3 must sign new M+C contracts. HCFA will mail the new contracts, which will reflect any new program requirements created by the Act, after receiving the notice of intent to re-enter the M+C program. Re-entering M+C organizations must return their 2001 contracts to HCFA prior to the effective date.
8. ACRPs submitted under Section 3 must cover the specific period of performance in the related M+C contract.

## SECTION 4—SUBSTANTIATION REQUIREMENTS FOR ACRs SUBMITTED UNDER THE ACT

This section describes ACR worksheet items that require substantiation documentation. As explained above, the substantiation of required items for ACRs submitted under Section 1 must relate to the changes from your currently approved ACR. On the other hand, ACRs submitted under Section 2 or Section 3 must substantiate ACR entries themselves.

The individual items that require documentation are the same for all ACRPs. They are listed below by worksheet.

**Worksheet A – Cover Sheet.** – **A-1**. Refer to Part IB, column b, lines 1 through 3. M+C organizations that use a community rating method to determine their initial rate also are required to submit a Weighted Average Aggregate Premium (WAAP). Please provide substantiation for all initial rate calculations. The detailed instructions for these two calculations are contained in HCFA Pub 75.

**Worksheet A1 – Service Area and Estimate of Annual Payment Rate** – **A1-1**. Please justify all adjustments shown in column j of Worksheet A1. Please identify the source of HCFA data for its actual payments to the plan for CY 2000 and explain any adjustments you made to the HCFA data.

**Worksheet B – Base Period Costs per Member-Month** – **B-1**. Any written approval from HCFA to combine cost reporting components (health care components) of Worksheet B should be enclosed in section B-1. NOTE: If HCFA gave such approval in 2001, you don't have to resubmit a request for purposes of the Act.

**Worksheet B1 – Base Period Financial Data** – **B1-1**. If the values reflected on this spreadsheet cannot be readily traced to the organization's certified financial

statements, please submit an explanation. That explanation should clearly explain the reasons for any deviation from the certified financial statements.

**Worksheet C – Premiums and Cost Sharing – C-1**. Show the methodology used to project each of the values reflected in columns a through f for all the components of lines 1 through 21 must be shown clearly in section C-1. Where applicable, please explain the methodology for the change from each base period cost-sharing value to the corresponding contract year value. For those lines that have multiple benefit service categories in the PBP, the substantiation must reflect a corresponding level of detail. For example, if a plan has a \$5 co-pay for primary care physician services and a \$10 co-pay for physician specialists services (lines 7a and 7d in the PBP), then the substantiation must reflect the methodology used to calculate the per-member, per-month value of each of those cost-sharing arrangements.

**Worksheet C1 – Part B-Only Maximum Charge for Part A Benefits**. No substantiation is necessary. Worksheet C1 is required just for Part B-only plans.

**Worksheet D – Expected Cost and Variation – D-1**. The rationale for each expected variation entry on the expanded version of the spreadsheet must be shown in section D1. Any justification provided should be in enough detail to fully explain the specific variation at issue. Some justifications can be very brief. For example, merely stating that an expected variation was needed to eliminate the costs in the worksheet for a previously offered benefit that is being dropped in the contract year would be adequate. Other justifications, such as one pertaining to the costs of a new benefit, need to be more detailed and must include *all* computations.

Please categorize your justifications of expected value entries using the terms listed below, depending whether the justification relates to direct medical costs, administration costs, or additional revenues.

◆ Direct Medical Costs:

- Medical cost trend does not apply to the benefit. (For example, the cost trend calculated by Worksheet A, Part IB, for direct medical costs do not apply to a specific health care component.)
- Renegotiated provider agreement.
- New benefit. (The CY 2001 benefit was not offered in CY 1999.)
- New plan. (The CY 2001 plan had no Medicare enrollees in CY 1999.)
- Delete base period benefit. (The CY 1999 benefit is not offered in CY 2001.)

- Redesigned benefit. (The CY 2001 benefit is different than the CY 1999 benefit of the same type—e.g., two dental visits covered in CY 2001 vs. one in CY 1999.)
  - New Medicare-covered benefits that become effective during the contract year.
  - Other. (Please explain.)
- ◆ Administration Costs
- Related to direct medical cost expected variation (in the same statutory benefit category) (plans submitting under Sections 2 or 3).
  - Related to management changes (plans submitting under Sections 2 or 3).
  - Related to a new benefit provided under BIPA (plans submitting under Section 1).
  - Other. (Please explain.)
- ◆ Additional Revenue
- Increase accuracy of additional revenue estimate (plans submitting under Sections 2 or 3).
  - Other. (Please explain.)

**Worksheet E – Adjusted Community Rate.** No substantiation is necessary.

## SECTION 5—INSTRUCTIONS FOR PACKAGING AND TRANSMITTING PAPER COPIES OF ACRs AND ACR SUBSTANTIATION

This section applies to all ACRP submittals and re-submittals in January 2001.

### General

The M+C organization will transmit a paper copy of the ACR and supporting documentation via U.S. Mail or commercial delivery service to the following address:

LMI  
ATTN: ACRP  
2000 Corporate Ridge  
McLean, VA 22102-7805

The paper copy must be identical to the electronic copy you submit, except that the paper copy will contain the certification signatures required by HCFA. For purposes of the BIPA 2001 ACRP season, Worksheet A of each and every M+C plan's ACR must have all three signatures on the certification. In addition, changes to the certification statement printed on Worksheet A are prohibited.

## Paper, Printing and Binding Requirements

HCFA plans to use scanning technology to expedite the processing and review of paper documents. To facilitate such scanning, please adhere to the following paper, printing, and binding requirements. Paper documents that don't meet the following specifications may be returned unprocessed to the M+C organization, which means that the organization would have to correct and resubmit the materials to HCFA. The following specifications apply to all paper documents such as ACR worksheets, the transmittal letter, and the supporting documents.

- ◆ paper size: 8 ½ x 11 (letter size only)
- ◆ page orientation: landscape (sideways)
- ◆ single-sided
- ◆ paper color: white only
- ◆ hole punching: none
- ◆ font size: minimum of 10 point
- ◆ font color: black
- ◆ graphics or logos: none of any kind
- ◆ binding: none, except for binder clips



Again, each package of ACR materials should be unbound or bound with binder clips. Please do not use staples, paper clips, ring binders, rubber bands, or any type of permanent binding material.

## ACR Supporting Documentation and Assembly

The ACR workbook is composed of individual Excel worksheets. The assembly instructions for the paper copy of each ACR workbook and its supporting documentation are shown below.

A tab or placeholder should separate each ACR workbook and its supporting documentation. The number of tabs that an M+C organization submits will depend on how many ACR workbooks are filed.

To the extent possible, please assign tabs a number that corresponds to the plan ID. For example, Tab 1 would contain the ACR and supporting documents for Plan 001.

## Packaging

M+C organizations are encouraged to send all of their ACRs in the same package.

In addition, each sheet of paper that is submitted must meet the paper, printing, and binding requirements described above to facilitate electronic scanning by HCFA.

The M+C organization also must make sure that each ACR workbook and its corresponding supporting documentation is numbered consecutively in the upper left-hand corner. Handwritten numbers are fine. The transmittal letter that is attached to all ACR workbooks and substantiation should clearly state the number of pages for each ACR and the total number of all pages (multiple ACRs) submitted. That will allow HCFA to verify that all worksheets and supporting documentation paper copies are received.

In addition, each section of *supporting documentation* submitted must contain the appropriate label e.g., **A1-1** in the upper **right**-hand corner of every page. Those labels, which facilitate the indexing of scanned documents, are described on the next page.

## Transmittal Form

Attachment 1 is a blank transmittal form. Please fill out one transmittal form to accompany each package of ACRs per HCFA “H” number. For example, consider an M+C organization with two H numbers and eight. It plans to submit three ACRs under contract number H0008 and five ACRs under contract number H0009. Therefore, the M+C organization would submit one transmittal form for the three ACRs as a package under H0008 and one transmittal form for five ACRs as a package under H0009.

Please place the transmittal form on top of all the paper copies of the ACRs.

## ACR Excel Worksheets – **First item of a tab**

The ACR workbook contains nine separate spreadsheets. The paper copy of the ACR workbook should be the first item filed under any tab. Please make sure that the expanded versions of Worksheet C and Worksheet D are included in your package. You do not need to submit a blank version of Worksheet C1 for plans with Part A/B enrollees. The appropriate supporting documentation for that ACR should start with the second item of each tab.

## ACR Supporting Documentation – **Second item of a tab**

The supporting documentation for an ACR worksheet should be the second item filed under any tab; in other words, it should be filed directly behind the ACR worksheets.

The substantiating records for the information reflected on that spreadsheet are subject to audit by HCFA in accordance with the Balanced Budget Act of 1997. If, during the course of the ACR plan review, it becomes necessary to seek any



further substantiation of the data in any worksheet, HCFA will ask the M+C organization to provide that information separately.

To facilitate the indexing of scanned documents, each page of supporting documentation (NOT ACR worksheets) submitted must contain a label in the upper **right**-hand corner of every page. The label should look like this: A1-1. The letter (and the number preceding the hyphen in the case of Worksheet A1) refers to an ACR worksheet that is being supported. The number after the hyphen refers to a specific item of documentation (see below). Handwritten labels are acceptable.

Do not consolidate supporting documentation in any one section.

## SECTION 6—GENERAL GUIDANCE FOR RESUBMITTING ACRPs AFTER JANUARY 5

This section applies to all re-submittals of ACRPs for the BIPA 2001 ACRP season that are resubmitted after January 5.

Once an ACRP has been submitted between January 5 and January 18, 2001, HPMS will control electronic submissions of ACRPs by certified users. At that point, you will have to get HCFA approval to re-submit your ACRP, or parts of it, electronically or on paper. That procedure will apply to changes initiated by either M+C organizations or HCFA.

If your organization wants to initiate a change to its ACRP(s) after January 5, 2001, contact LMI for advice on how to proceed. After you get approval for a re-submission, LMI will arrange for you to access HPMS at the appropriate time.

After you make an approved upload to HPMS with your changes, remember to send LMI revisions of the paper copies that correspond to your changes to the electronic version. Don't forget to include the appropriate certification (i.e., the signatures on Worksheet A). Refer to page 18 of HCFA's ACR instructions to determine when the certification on Worksheet A must be completed for a re-submittal. Whenever the three signatures for the certification are necessary for a specific type of change in the context of a re-submittal after the due date, please make sure that the certification for each plan affected is signed.

Use the same mailing address and packaging procedures for resubmissions that you used for the initial submission of your ACR.

## SECTION 7—INSTRUCTIONS FOR M+C PLAN MARKETING MATERIALS

Those M+COs submitting ACRPs under Sections 2 or 3 (re-entering a previously reduced service area or returning to the M+C program) must submit a standardized Summary of Benefits (SB) to the appropriate HCFA regional office, by January 18, 2001, for review and approval prior to dissemination. The SB must describe the benefits offered by the M+CO for each particular plan based on the standardized format, as produced from each PBP. If an M+CO chooses to send the SB to its former Medicare members, it must include a cover letter explaining that the M+CO has decided to return to the M+C program (or re-enter a previously reduced service area). The letter must be reviewed and approved by HCFA prior to dissemination. In addition, each M+CO must complete the network adequacy attestation form letter forthcoming from HCFA. Use of a model letter (forthcoming from HCFA) will expedite the review if followed without modification.

M+COs with approved CY 2001 M+C plans must resubmit CY 2001 ACRPs for all such plans in January of 2001 (see Section 1). To the extent that these revised ACRPs result in changes to the benefits currently scheduled to be offered in 2001, each organization must send a letter to its current Medicare members that describes the specific benefit changes for CY 2001. The M+CO must also update its CY 2001 marketing materials (via an errata sheet or addendum) to reflect the new benefits. Both the member letter and any errata sheet or addendum must be submitted to the appropriate HCFA regional office by January 18, 2001 for review and approval prior to dissemination. Use of a model letter (forthcoming from HCFA) will expedite the review if followed without modification. The new benefits described in these materials must accurately reflect the revised PBP that is submitted in the ACRP for each particular plan.

More information regarding the SB and PBP can be found on HCFA's web site. Questions concerning marketing materials should be directed to the appropriate HCFA regional office.